

Torture Treatment Literature Selection, Q3 2020

The **Partners in Trauma Healing (PATH)** bibliography is a resource for current literature on the topic of the mental health status of and treatments for torture survivors, war trauma survivors, refugees, and asylum seekers. This also includes research in the area of social work that relates directly to the psychological well-being of these populations. The bibliography includes peer reviewed journal article citations in these areas; select original summaries of those articles; and links to the publicly available abstracts and full text versions of these articles. This bibliography is updated and distributed on a quarterly basis. The bibliography does not currently include articles on policy and advocacy.

Center for Victims of Torture (CVT) contributions to this bibliography:

- Volunteer **Carolyn Easton** conducted the literature search and compiled the citations.
- Volunteers **George Abrahams, Eden Almasude, and Steve Frankel** wrote summaries of selected articles.
- Volunteer **Jared Del Rosso** reviewed the selected article summaries.

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Selected Article Summaries

Perceptions and health-seeking behaviour for mental illness among Syrian refugees and Lebanese community members in Wadi Khaled, North Lebanon: A qualitative study

Al Laham, D., Ali, E., Mousally, K., Nahas, N., Alameddine, A., & Venables, E. (2020). Community Mental Health Journal, 56(5), 875–884. <https://doi.org/10.1007/s10597-020-00551-5>, [abstract] [Full Text]

Article summarized by: Steve Frankel, Volunteer for the Center for Victims of Torture

Background

Since 2011, the war in Syria has cut a destructive swath, sending millions of Syrians to seek refuge in neighboring countries. These refugees, profoundly affected by what they have already endured, often overwhelm the limited resources of local communities. Since economic survival is paramount, serious mental health needs often go unaddressed.

With this situation in mind, the researchers in this study focus on attitudes toward mental illness and mental health-seeking behavior in a little-studied region of northern Lebanon that has been deeply affected by the war in neighboring Syria. The researchers set out to explore socio-cultural and economic barriers to addressing the mental health needs of the residents of Wadi Khaled in the northern Akkar region. The region is predominantly Muslim and has close economic and kinship ties to the neighboring region across the border in Syria. In the wake of the outbreak of violence in Syria, this isolated and economically-stressed area of approximately 39,000 inhabitants became home to an estimated 36,000 Syrian war refugees. These refugees, already suffering from the lingering trauma of their experiences in war-torn Syria, are often unable to find work or even leave the region, due to their lack of residency papers. The situation imposes significant hardships on the Lebanese residents of the region as well, who don't have the resources to deal with the simultaneous economic, housing, and mental health crises that accompany the arrival of the refugees.

Methodology

This qualitative study utilized in-depth interviews and focus groups to gauge attitudes toward mental health among adult Syrian refugees and Lebanese residents of Wadi Khaled. The research was conducted in March and April 2018. Participants were drawn from three villages surrounding a free mental health clinic in Wadi Khaled. Due to the limited availability of men during interview and focus group hours, more women (40) took part in the study than men (14). Those taking part in the study included mayors, religious leaders, school principals, and a teacher. The researchers intentionally recruited both Syrian refugees and Lebanese residents, segregated by gender and nationality, to provide insight into variations in attitudes toward mental health. Purposive and convenience sampling was used to identify potential participants and participation was voluntary and unpaid.

Results

Responses to interview questions reflected the deep stigma residents of the region attach to those suffering mental health issues. They also provided evidence of significant additional socio-cultural barriers that prevent residents from seeking psychological help.

Many respondents mentioned anxiety and depression as prevalent, especially among Syrian refugees, who are often dealing with both Post-Traumatic Stress Disorder (PTSD) and economic uncertainty. However, prevailing religious and cultural beliefs, such as belief in *jinn*—evil spirits—prevent many from seeking help from sources other than religious leaders and faith healers. Possession by *jinn*, being victimized by the evil eye or black magic spells, or a person's lack of religious faith are often believed to be the root causes behind negative behaviors such as suicidal thoughts.

Other factors that prevent people from seeking psychological help are shame, fear, lack of knowledge about the role of mental health professionals, and lack of financial resources. Conversely, support from religious leaders or faith healers, who might prescribe reading Quran passages or perform an exorcism, is viewed more favorably in the community, as is seeking support from family or close friends.

Conclusions

There were several caveats or limitations included in the study, as well as an acknowledgment that more attention needs to be paid to underserved areas, such as Wadi Khaled. Because of economic scarcity, the investigators had difficulty identifying sufficient numbers of male participants during the working hours that surveys were conducted. Lebanese participants seeking mental health care at the clinics were also not included in the study, and the presence of the mental health provider during data collection may have introduced some unavoidable bias.

Nevertheless, the study strongly concludes that mental health professionals should work within the existing framework of religious communities and beliefs to identify and destigmatize mental health issues. The authors suggest enlisting the aid of amenable religious leaders, as well as educational figures, to develop a common language and awareness around mental illness that is sensitive to the specific socio-cultural context of this remote region.

Microaggression and everyday resistance in narratives of refugee resettlement

El-Bialy, R., & Mulay, S. (2020). *Migration Studies*, 8(3), 356–381.
<https://doi.org/10.1093/migration/mny041> [abstract] [Full Text]

Article summarized by: George Abrahams, Volunteer for the Center for Victims of Torture

Introduction

This article presents findings from a qualitative study of the experiences of a small group of refugees resettling in St. John's, the capital of the Canadian province of Newfoundland and Labrador (NL). St. John's has a population of 200,000, low ethnic diversity, few refugees, and, as a result, minimal infrastructure to facilitate refugee resettlement.

Previous studies document high rates of mental health struggles among refugees, including anxiety, depression, and post-traumatic stress syndrome (PTSD). Previous studies frequently adopt a medical/deficit model, which focuses on individual exposure to violence, torture, loss and resettlement stressors, and related negative outcomes. These studies also tend to minimize the contribution of social and political issues that also contribute to refugee vulnerability. A medical/deficit model locate the causes of negative outcomes inside of the refugee, thus downplaying the effects of the socio-political

context. Such studies also tend to neglect refugee's own narratives of "survival and resilience" (El-Bialy and Mulay 2020, p. 358).

By contrast, the current study suggests that refugees are often exposed to microaggressions in their resettled communities. Microaggressions are defined as:

"The brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual orientation and religious slights and insults to the target person or group," (Sue et al, 2007, p.273 as quoted in El-Bialy and Mulay 2020, p. 359).

In response, many refugees have cultivated strategies, forms of "everyday resistance," for neutralizing the negative impacts of microaggressions. Doing so, the authors argue, refugees claim a sense of personal agency and belonging. Everyday resistance "refers to the small, seemingly trivial daily acts through which subordinate individuals or groups undermine—rather than overthrow—oppressive relations of power" (Groves and Chang, 1999, p. 235 as quoted in El-Bialy and Mulay 2020, p. 360).

Methods

This paper describes a qualitative study that attempts to address resettled refugees' sense of well-being and agency as they adjusted to life in St. John's. It was conducted between September 2013 and July 2014. The research was approved by the NL Health Research Ethics Board. Refugees and asylum-seekers were included in the study if they had lived in St. John's for three years prior to the study and were able to converse in English.

Five men and five women from Europe, Latin America and Africa participated in in-depth interviews. Study participants ranged between 20-55 years of age and lived in St. John's between 4-20 years. Names were disguised given the small number of refugees who choose to stay in St. John's. Interviews were analyzed and coded utilizing ethnographic content analysis. Additionally, field observational data and personal stories were included from events such as multicultural religious and community-based gatherings.

Results and Discussion

The framework of microaggression and everyday resistance emerged out of the study participants' narratives. Five themes emerged from the interview data: 1) power in the response, 2) rejecting burden narratives, 3) ignorance as an explanation, 4) the transience of vulnerability, and 5) setting down roots. The authors identify the idea of "uprooting" as a metaphor for the refugee experience. They describe the refugees' original sense of displacement as they try to resettle in a strange community and then a subsequent sense of "re-uprooting" as microaggressions compromise their sense of belonging and well-being (El-Bialy and Mulay 2020, p. 370). In response to these subtle expressions and assumptions based on "appearance, race and accent," refugees developed coping strategies that enabled a sense of empowerment and self-validation during interpersonal encounters, often construing their presence and worldly knowledge as facilitators of change (El-Bialy and Mulay 2020, p. 370). This self-empowered coping enabled a more resilient and adaptive adjustment that has been obscured by a vulnerability and victim narrative often employed in refugee research.

An interesting and noteworthy observation by one of the participants emphasized the transient nature of vulnerability. El-Bialy and Mulay argue that by focusing on vulnerability, researchers and the media fail to acknowledge that vulnerability is not a character trait of refugees; rather, it is a by-product of having to navigate hostile or oppressive environments. The authors elaborate that vulnerability is context-specific, ever changing, and often diminishes as refugees master new and unfamiliar cultures. This study is limited by the unique features of the study participants and the setting. Participants chose to remain in St. John's, unlike most refugees who arrived in this small Canadian province. Although being the target of microaggressions is common among a refugee population, the parochial and homogenous nature of St. John's is not necessarily generalizable to larger and more diverse cities.

In spite of its limits, this study expands the way we think about the pre-migration and re-settlement stressors or challenges of refugees, deemphasizing victimhood and emphasizing the resilience, everyday power, and agency of refugees. Their acts of everyday resistance and their self-construction as globalized educators in their new communities establishes a foundation of belonging and self-affirmation as they develop more adaptive coping strategies.

Asylum-seeking children with resignation syndrome: catatonia or traumatic withdrawal syndrome?

von Knorring, A.-L., & Hultcrantz, E. (2020). *European Child & Adolescent Psychiatry*, 29(8), 1103–1109. <https://doi.org/10.1007/s00787-019-01427-0> [abstract] [Full Text]

Article summarized by: Eden Almasude, Volunteer with the Center for Victims of Torture

Study Details

In the early 2000s, 'resignation syndrome' (RS) among asylum-seeking children in Sweden became increasingly recognized. The syndrome is characterized by falling into a stuporous condition, with reduced motor function and lack of responsiveness to any stimuli; often, the condition of children experiencing RS required the use of a nasogastric tube for nutrition and hydration. Between 2003-2005, 424 asylum-seeking and refugee children in Sweden were treated for this condition, prompting the inclusion of the condition in the Swedish ICD-10 classification of mental disorders. However, outside of Sweden, there have been few cases of similar symptoms. In this study, the authors set out to describe the course of mental health symptoms prior to falling into resignation syndrome, describe the backgrounds of the children, and consider how this syndrome might be classified.

Methods

The authors examined 46 asylum-seeking children with resignation syndrome, treated at a university hospital. Data gathered from the families included demographic information, traumatic experiences pre- and during migration, the course of physical and mental symptoms, and the child's degree of loss of function. These data were analyzed for basic descriptive statistics and distributions.

Study Findings

The majority (33/46) of children were from Russia or the ex-Soviet Union, with the remainder from ex-Yugoslavia, Iraq, and Syria. All but one were hospitalized for 3-10 days and then cared for at home with social service support. Most were from an ethnic or religious minority group (69.6%) and had

experienced persecution. A minority came from a war zone (17.4%). Most had experienced direct violence and/or witnessed violence against family members. Almost all the children (95.6%) exhibited symptoms that could be classified as depression or PTSD. The syndrome affected boys and girls equally.

Falling into resignation syndrome commonly occurred after a child was present at the Migration Board and was denied legal residency. In a few cases, the family received a negative decision in a letter or orally and the child had to translate the content to their parents. Many children had a sudden reaction of high anxiety or physiological symptoms.

Conclusions

This study identified common characteristics of the children experiencing resignation syndrome as well as some tendencies in the course of onset. Most of the children with RS were persecuted in their homelands, but did not come from active war zones. The authors suspected that this is because refugee families from war zones typically receive positive asylum decisions and the children are thus not exposed to the common trigger to RS.

The authors note that the acute reactions in response to migration decisions has a similarity to the 'freeze' or learned helplessness response in other mammals. It remains unclear how RS should best be classified—whether it may be a form of catatonia, dissociative stupor, or pervasive refusal syndrome. While it does not share other characteristics of catatonia, the authors suggest that a trial of benzodiazepine treatment may be warranted.

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Additional Relevant Resources

- The Danish Institute Against Torture (Dignity) provides a database that allows you to search for a wider range of articles, books, and other publications on the topic of torture (<https://dignity.reindex.net/RCT/main/Landing.php?Lang=eng>).
- The International Rehabilitation Council for Torture Victims (IRCT) provides free access to their journal, TORTURE Journal (<https://tidsskrift.dk/index.php/torture-journal/index>).

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